

Best Available Copy

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09781354</b>	FILING DATE <b>TORINR 3-0-001</b>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60	1					
11							61		1				
12							62		1				
13							63		1				
14							64		1				
15							65		1				
16							66		1				
17							67	1					
18							68		1				
19							69		1				
20							70		1				
21							71		1				
22							72		1				
23							73		1				
24							74		1				
25							75		1				
26							76		1				
27							77		1				
28							78		1				
29							79		1				
30							80		1				
31							81		1				
32							82		1				
33							83	1					
34							84	1					
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	21					
TOTAL CLAIMS							TOTAL CLAIMS	25					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE  
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